

# NORTH DAKOTA STATE DEPARTMENT OF HEALTH Air Pollution Control Program State Capitol Bismarck, North Dakota 58501

## ANNUAL EMISSION INVENTORY REPORT FORM AP 301 FUEL BURNING EQUIPMENT USED FOR INDIRECT HEATING Calendar Year 1975

1.	. Name of Firm or Organization:	Montana-Dakota Utilities Co.
2.	. Plant Location: N	Mandan, North Dakota
3.	. Permit to Operate Number:	730001
4.	. Source Unit Number (from Permit to Ope	rate):
5	Type and Quantity of Fuel Used:	

	PRIMARY FUEL	STANDBY FUEL
	Type	Type NA Quantity per year (Specify Units  Delivered Cost of fuel (\$/Unit Quantity)
PERCENT ASH (Solid Fuel Only) Max. Min. Avg.	7.85 4.93 6.54	
PERCENT SULFUR Max. Min. Avg.	.98 .42 .66	
BTU PER UNIT  Max.  Min.  Avg.	7,350 6,760 7,015	

#### 6. Monthly Fuel Use:

	QUAN	TITY		QUANTITY					
	PRIMARY FUEL  Type Lignite  Units Tons	STANDBY FUEL  TypeNA Units		PRIMARY FUEL Type Lignite Units Tons	STANDBY FUEL  TypeNA  Units				
MONTH	·		MONTH						
Jan.	36,892		July	13,841					
Feb.	31,866		Aug.	14,927					
March	37,918		Sept.	40					
April	22,713		Oct.	21,213					
May	23,778		Nov.	32,731					
June	6,938		Dec.	38,340					

### 7. Hourly Fuel Use:

	QUANTITY						
	PRIMARY FUEL	STANDBY FUEL					
	Type <u>Lignit</u> e	Type <u>NA</u>					
	Units Tons	Units					
Maximum	56.9	-					
Average	49.0	-					

Hours Per Day	24	Weeks Per Year 47	
Days Per Week	7	Peak Season Jan. Dec. (Specify Months of Year)	

#### 9. Stack Emissions:

POLLUTANT	QUANTITY POUNDS PER HOUR (AVERAGE)	TONS PER YEAR
Particulate	751* 4.6**	1,179*
Sulfur Dioxide	895	2,545
Nitrogen Oxides	Unknown	
Other (Specify)	-	-

Basis For Quantities Listed Above:

Heskett Unit II Electrostatic Precipiator went into service July 5, 1975. \*These quantities for period of January 1 to July 5, 1975, and based on tests run in November 1971.

\*\*These quantities for period of July 6 to December 31, 1975, and based on tests run in December 1975.

Sulfur Dioxide based on tests run in August 1972. No tests have been run for Nitrogen Oxides.

10.	Name of	Person	Submitting	Report	(Pri	nt or	Type)		Earl	F.	Backhau	5	
	Title	Asst	. Manage	er, Po	wer	Pro	duct:	ion			Phone	(701)	224-3000

I declare under the penalties of perjury that this report has been examined by me and to the best of my knowledge and belief is a true, correct, and complete report.

(Signed)

AP 301-3